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ABSTRACT

This paper describes the two year old Consumer Education in Comprehensive Health Planning Program. The paper records the steps involved in organizing and carrying through this innovative health program, the major part of which was designed and implemented by members of a health oriented community organization in Harlem in conjunction with the Program of Continuing Education, Columbia University, School of Public Health. A chronicle of events leading up to the writing of a request for specific funds to provide education for health consumers provides a background to the description of the actual courses included in the program. The three courses extended over a period of 6 months. Various methodologies were used. Group dynamics was used often, but there was no sensitivity training. Class sessions were problem oriented and dealt with specific questions. Lecture/discussions were used frequently. Briefly described, the courses were: (1) Communication: the objective of this course was to help the participants improve their interpersonal relationships at home, in the community and business, especially in the health field, (2) Administration: the course was developed to serve as a vehicle for maximizing the consumers' participation in the decision making that affects the health of the community, and (3) Economics and Politics of Health: the purpose of the course was to aid the participants in their development of insight into the political aspects of health, from the financing to the organization of services. Effects of the Harlem consumer education courses were felt in the spring of 1973. The Comprehensive Health Planning Committee was selected and of the 23 providers and consumers on that committee, 10 of the consumers had attended one or more of the consumer education courses. Many other participants are now serving more effectively on patient councils or advisory boards for local hospitals and other health providers in the area. Another effect has been in the interest aroused in community groups in other areas of the city for similar courses. (Author/AM)

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CONSUMER PLANNED EDUCATION IN COMPREHENSIVE HEALTH PLANNING

A Historical Perspective

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The Program of Continuing Education, Columbia University School of Public Health, would like to thank the members and Executive Board of the Harlem Health Alliance, Inc. for their cooperation and support, not only in the development of the original grant application which made possible the program discussed herein, but also for the on-going interest and enthusiasm which has helped make the program so well accepted in central Harlem and other areas throughout New York City.

Central Harlem is an area of 3 1/2 square miles in the middle of Manhattan Island, New York. There are 182,730 people living in 70,140 housing units. 94.1% of the population is Black, compared to 21.1% of the New York City population as a whole. The average family income in central Harlem is \$6,137 per year.

A predominantly Protestant, residential community, central Harlem has small businesses along the major north-south avenues and scattered side streets. The majority of these are in the personal service category-beauty parlors, dry cleaners, barber shops. There are also many restaurants, bars and taverns in the community. The major shopping and entertainment is concentrated on one wide, east-west thoroughfare.

There is one municipal and two voluntary hospitals in the central Harlem Health Center District and only 116 private physicians practicing in the area. The shortage of private health practitioners has not helped central Harlem lower its shockingly high infant and maternal mortality rates.

INFANT AND MATERNAL MORTALITY RATES			
	Central Harlem	Manhattan	
live births	16.2 (rate per 1,000 population)	12.9	7
maternal deaths	10.1 (rate per 10,000 live births)	4.5	8
infant deaths	29.3 (rate per 1,000 live births)	21.4	9

It is not surprising that in 21.7% of the total births in central Harlem, the mother had little or no prenatal care.

The high incidence of diseases such as TB, diabetes and lead poisoning, the high crime rate and higher narcotic use rate; the deteriorating housing, congestion and poverty, are factors which have combined to make central Harlem appear to be the prototype of urban ghettos. The factor which sets it apart, however, is its people.

There are a large number of people living in Harlem who care about their community. This paper will explore how some have attempted to translate their concern into positive action. A chronicle of events leading up to the writing of a request for specific funds to provide education for health consumers will provide a background.

A center for teaching Comprehensive Health Planning at Columbia University was established in 1967,

focusing on training health planners at the masters and doctoral levels. From the outset, the Program of Continuing Education at Columbia had great interest in the role of consumers in Comprehensive Health Planning and sought to include consumers as often as possible in Continuing Education courses and learning activities.

After long discussions between faculty of the academic program in Comprehensive Health Planning and Continuing Education faculty, it was agreed that a project in consumer education be included in the Center's continuation request for support to Community Health Service, Department of Health, Education and Welfare.

Staff of Continuing Education began to explore the interest and relevance of consumer education to community groups in the metropolitan area. At the same time, Mayor John Lindsay named an Organizational Task Force to prepare for establishment of an areawide "B" agency for health planning in New York City. The Task Force, in turn, designated 8 local demonstration units in planning, which were to be forerunners of community health planning advisory boards. Several of the local demonstration units expressed interest in Continuing Education's plan to seek support under Section 314c of the Public Health Service Act, for consumer education.

Continuing Education staff met with representatives of these community groups over the three month period prior to preparation of the grant application; many community groups and organizations have a good grasp of the issues and problems facing Comprehensive Health Planning on the local level. Their insights were necessary in preparing the application.

A major factor concerning the proposed consumer education was the role Columbia University would play. Many individuals viewed the School as generally unresponsive to needs of local communities and wanted to be sure that consumer education would address problems and issues from the consumer's perspective. Continuing Education, as a program of the School of Public Health, had done much to ameliorate the general suspicion of community groups outside the University. For several years, it had worked in a variety of New York City neighborhoods through a series of "Voice of the Community" courses. In these courses community providers and consumers studied specific health problems and developed alternatives for solution. Even though some of the individuals represented in local

demonstration units had been involved in these activities, many who had not were cautious about becoming involved with the School. There was, in the main, concern about who would have the say in curriculum development and implementation. Long, and often heated, periods of deliberation in which community representatives weighed the advantages and disadvantages of collaboration with Columbia, finally led to formation of a core of representatives from the local demonstration units who were to work with Continuing Education staff in drafting a grant proposal to insure relevance and effectiveness from the community point of view.

During this time period, the gap between the local demonstration planning units and the Mayor's Organizational Task Force widened over the issue of community control and power of local boards. Plans for consumer education moved along, but were influenced by the emerging conflict. As the application deadline neared, the core committee of community representatives and Continuing Education staff developed a comprehensive and, in their view, potentially effective design for broadening the awareness of Comprehensive Health Planning in communities and preparing individuals for active involvement in the process. The central issue which then emerged was whether the training must come under the aegis of the Mayor's Organizational Task Force, the community, some combination of both, or would training be removed from the political interests of each; a condition which seemed as unlikely as it was unrealistic. When it became clear that any proposal to foster the concepts of Comprehensive Health Planning would logically and administratively need to be submitted for review to the Mayor's Organizational Task Force, several local demonstration units felt their best interests would not be served in the joint venture with Continuing Education, since they believed review by the Task Force might weaken their stance on other issues. Of the original seven local units involved in developing the proposal, only one, the Harlem Health Alliance, Inc. decided to take their chances with the project. The Harlem Health Alliance, Inc. has long been the strongest and best organized of the community planning groups growing out of the demonstration units and, in addition, had had previous contacts with Continuing Education. The Alliance is an umbrella organization comprised of 43 groups working to improve the quality of health of the people of Harlem. This history, along with the belief of the Harlem Health Alliance members that education was necessary for effective consumer participation, resulted in Alliance members agreeing to cooperate with Continuing Education should the collaboratively developed proposal receive federal support.

The consumer education proposal was subsequently reviewed at a regular meeting of the Mayor's Organizational Task Force, where Continuing Education representatives reiterated their intention to work with the Harlem Health Alliance, Inc., though not to the exclusion of other community groups and organizations interested in Comprehensive Health Planning. The Mayor's Organizational Task Force Advisory Board found the proposal acceptable and it was submitted through the regular channels for funding. Over one year later, Continuing Education received notice of the grant award and, on paper, the project became a reality.

It would be worthwhile at this point to examine the motives of the agencies involved in this novel venture. The Harlem Health Alliance, Inc., The Program of Continuing Education and the Department of Health, Education and Welfare.

The objectives of the Harlem Health Alliance, Inc., as stated in its by-laws are:

- (1) To draw up and effect the implementation of a comprehensive health plan for the Harlem community.
- (2) To focus on certain high-priority health problems in order to coordinate fragmented facilities and programs, to better utilize existing facilities, and establish innovative methods for resolving these problems.
- (3) To coordinate and evaluate data on health facilities, their deficiencies, and their absences in order to determine the true health needs of the community.
- (4) To serve as a health-advocacy force to maximize the impact of Harlem providers and consumers in resolving the key health issues affecting the community.
- (5) To establish and maintain an up-to-date consumer education and public information system for central Harlem residents, with mechanisms for effective feedback on health needs and priorities from the community. These mechanisms will include newsletters to consumers, planned conferences, the mass media, etc., with special emphasis on coordinating the fragmented consumer-education projects designated for Harlem residents.
- (6) To serve as a forum for discussion on the merits of all health proposals which will directly or indirectly affect the Harlem community. The Alliance may then choose to adopt a public position reflecting the views of its membership majority.
- (7) To form working relationships with outside groups or facilities to offer input into development of

specific health programs or proposals deemed to further Alliance goals.

The Program of Continuing Education stated its objectives in the original grant application: "To help citizens recognize their health rights, gain confidence in the importance of their role as consumer representatives, learn to articulate the health needs of their community and develop both planning and administrative skills."

It would seem from the Comprehensive Health Planning legislation, that the objectives of the Federal government (DHEW) were " To encourage both providers and consumers of health services to reach agreement on the: a) Health needs of a community b) Goals and priorities of a health delivery program c) Resources and measures appropriate to achievement of goals d) Recommendations of actions by the public and private sectors which might enhance the effectiveness of the existing resources and activities and which could develop those needed for the future".

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Shortly after the notice of grant award, Continuing Education staff met with the Harlem Health Alliance Executive Board to reconfirm their interest in the project. A Consumer Education Committee of the Alliance was formed to work with Continuing Education staff in developing courses and workshops in central Harlem. The committee members determined that a public meeting should precede any specific curriculum development. They did, however, identify three "areas of knowledge" they believed necessary for consumers involved in the planning process: Communication-particularly how community organizations and health agencies get health information to consumers. Administration-primarily understanding administration in light of the increasing administrative functions of consumers in their role as community leaders, advisory board and committee members etc. Economics and politics of health-the financing of health care, funding of programs and organization of health care services to meet consumer needs.

A general meeting of community residents was called two weeks later in central Harlem. About seventy people attended, including several members of the Harlem Junior Health Workers Association, a group of young people whose active involvement is encouraged by the Harlem Health Alliance. At the open meeting, there was agreement on the need for consumer education and support voiced for the joint effort to develop courses. Suggestions for three topic areas were made and it was agreed that within the general headings " communication", "administration" and "economics and politics", the subjects

of greatest importance could be fitted. The group broke into three brainstorming workshops, each focusing on one of the three topic areas. Each group developed a list of specific subjects under the topic heading they wanted to learn about during the consumer education courses.

Three committees were then formed of people who volunteered to work on developing the courses. Utilizing the data from the large group as a starting point, the planning committees held on-going meetings to further develop each subject area into a 16 session, 32 hour course. It was agreed that the faculty for the courses should be drawn as much as possible from resources available in central Harlem, but several other criteria were also involved in the faculty selection. The consumer committees agreed they wanted to have the "best that's available" to discuss specific subject matter, they wanted faculty with empathy and understanding of the community and they also wanted an opportunity for consumers to conduct a dialogue with important figures in government on health. The process of identifying and verifying possible faculty was carried on by the committee members during this period. An attempt was made to minimize misunderstanding between student and faculty participants by encouraging each to verbalize their expectations of themselves each other and the courses.

Each planning group decided on the hours and scheduling of class sessions. In every instance, the decision was made to hold evening sessions to allow working people to attend. It was also decided that the Harlem Hospital Center was both a central and safe place to hold the sessions. Arrangements were made to utilize classroom space in the Martin Luther King, Jr. Pavillion.

Announcements of the classes were widely distributed to organizations and individuals in central Harlem. The word of mouth process undoubtedly alerted a sizeable number of people as well. Each planning committee became the admissions committee to check applications. The major criterion for acceptance was that the individual applying had demonstrated in some way his/her interest in the health of the community. It was felt that any further criteria might block individuals who could be potential contributors to the Comprehensive Health Planning process.

Participants were recruited in many ways. One member of the Harlem Health Alliance, hostess of her own program on a local radio station, invited course planners to discuss the issues of consumer educa-

tion for health planning during the course recruitment period and provided enrollment information to interested participants. The Harlem Junior Health Workers distributed course announcements around the community and news of the courses was given out at regular meetings of the community organizations in the Harlem Health Alliance. In addition, the director of each Harlem Health Alliance member organization was contacted personally and encouraged to assist in consumer recruitment.

Participants were selected on a first-come, first served basis and a stipend of \$3.00 per session was made available to needy consumers to pay for such out of pocket expenses as carfare and babysitting.

The three different courses extended over a period of six months, with two weekly sessions each. Provision was made for an introductory session and a wrap-up evaluative session in each of the three courses. This plan provided students an opportunity for discussion and evaluation of each course. Discussions usually included student's reactions to speakers, session content and the degree of usefulness they believed each topic had for their own needs.

The courses utilized a variety of methodologies. There was much use of group dynamics, although no "sensitivity training". Class sessions were problem oriented and dealt with specific questions. Lecture/discussions were used frequently, as were workshops, panel discussions, etc. Class size was limited to 40 people in each course to insure maximum participation of all. A coordinator was chosen from the original planning committee for each course. This person was responsible for introducing the faculty and leading discussion at each session. Also selected from the planning committee was a person to take notes of the sessions and record attendance of the participants. These community people received an honoraria for those tasks.

Briefly described, the three courses were:

Course 1 - Communication

The objective of the course in communication was to help the participants improve their interpersonal relationships at home, in the community and business, especially in the health field. Inter and intra agency communication was discussed. Presentation was made to develop speaking, listening and observing skills as beneficial tools, basic to strengthening self-confidence and communication in all areas of endeavor.

See appended program 1.

Course II - Administration

The course was developed to serve as a vehicle for maximizing the consumer's participation in the decision making that affects the health of the community. The Administration course began with a definition of the subject as it relates to health. Topics covered included planning for services, general responsibilities of the administrator, the decision making process, community board involvement in decision making, municipal and statewide planning for health services to the community etc.

See appended program 2.

Course III - Economics and Politics of Health

The purpose of the course was to aid the participants in their development of insight into the political aspects of health, from the financing to the organization of services. An identification of health issues was followed by a review of health planning in the past. Subsequent sessions covered funding for health care, revenue sharing, current health delivery systems, Federal and State responses to health needs and an overview of the health planning effort in New York City. Near the end of the course, there was a concentrated period for the development of skills in proposal writing.

See appended program 3.

A consumer mini-library was established in the Harlem Hospital Center Library. It is comprised of materials and books that might be useful to individuals attending the courses and who might wish to supplement their classroom activities and learning.

At the end of the six months, the students gave their evaluation of the three courses. Sessions were rated by each student in a scale with four headings; poor, fair, good, excellent. They were also asked to rate the sessions as to their usefulness, from very little use, to extremely useful. A strong majority (95%) of the participants stated that overall the courses were either good or excellent. They made requests for additional classes and workshops and asked for further elaboration on particular topics. The community participants wanted more advanced courses in health and the health care system, building on the first three courses.

In response to the request of the consumers, a two day, weekend session was held with participants

from all three courses. Again, the planning of the curricula and selection of faculty was done by Harlem residents. This session required the participants to work together utilizing the knowledge and skills gained from the previous class sessions to determine how others may become more aware of health and planning for its improvement. The workshops resulted in the decision of the group to author a pamphlet describing the process and content of courses that had been developed. The Harlem Health Alliance members felt such a brochure would help to motivate other community groups interested in developing training programs. This pamphlet is now being written by a committee of volunteers from the weekend workshop. See attached program.

The participants in that first weekend retreat also selected thirty of their peers, who demonstrated leadership potential in the consumer education courses, to receive further training in leadership skills.

The group selected developed their own curricula for three consecutive weekend leadership workshops. See attached outline.

One immediate effect of the Harlem consumer education courses was felt in the spring of 1973. The Comprehensive Health Planning steering committee, for the central Harlem area, was selected and of the 23 providers and consumers on that committee, 10 of the consumers had attended one or more of the consumer education courses. Many other participants are now serving more effectively on patient councils or advisory boards for local hospital and other health providers in the area.

A second effect of the Harlem consumer education program has been in the interest aroused in community groups in other areas of the city for similar courses. Word of mouth description of the program and the process for community planning and involvement has caused interested consumers from other communities to contact the Program of Continuing Education and request assistance in developing consumer education. Some subsequent requests have come from the other original demonstration units, which elected not to participate in the granting process. The staff of Continuing Education has also worked in conjunction with consumers in the Williamsburg section of Brooklyn and the lower east side of Manhattan. This year, staff has entered the initial planning process for programs with groups in the Bedford Stuyvesant/Brownsville sections of Brooklyn.

The position of Columbia University as an educational catalyst for Comprehensive Health Planning has

proven effective and useful. It is unrealistic to expect local communities, who often feel they have much at stake in health planning, to respond to education that is developed and delivered by anyone without optimum involvement of consumers in curricula design and implementation. Recognition of the community perspective and maximizing the input to courses by the participants themselves moves toward a more relevant and objective learning experience. An ever increasing number of prepared and informed health consumers should speed along Comprehensive Health Planning mechanisms and greatly assist central planning agencies reach their legislated mandates.

The Harlem Health Alliance, Inc. has continued to be interested and involved in consumer education and its entering the second year of co-sponsoring courses in health with the Program of Continuing Education. This year's projection calls for seven different courses in health and health planning to be offered to the Harlem community, planned, and primarily executed, by community people. The people who took part in leadership training will be major resources for developing and implementing the new classes and workshops.

The Harlem Health Alliance, Inc., and the Program of Continuing Education sees this as one way to reach goals of:

1. Developing community awareness of quality health care.
2. Providing a significant voice for consumers in the availability and delivery of health services.
3. Developing consumer health care leaders who function with an informed constituency.
4. Increasing the emphasis on preventive health care measures, education and services.
5. Developing models and prototypes for consumer involvement in the solution of community health problems.

This paper has attempted to record the steps involved in organizing and carrying through an innovative health education program, the major part of which was designed and implemented by members of a health oriented community organization, in conjunction with an educational institution. The Harlem Health Alliance, Inc. sees education in health, for community people, as an effective way to realize

their program goals and objectives.

The Program of Continuing Education, Columbia University School of Public Health, observes that an educational program, such as the one described in this paper, can provide a meaningful learning experience for the participants on two levels. First is the information given and received in the classroom setting. Participants interacting and learning from each other. The second, and perhaps most important part of the learning experience, is provided by having the students design the educational program itself. The setting of priorities, planning of course content, selection of faculty and other mechanics of designing a course, all provide the student participant with experience he/she would not get in the classroom.

The "Consumer Education in Comprehensive Health Planning" program is now into its second and last funded year. More and more representatives of community groups have requested assistance in developing similar education programs. Using the experience of the past two years as a model, the Program of Continuing Education is attempting to assist these groups. New sources of funding are being sought to help underwrite such programs.

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HARLEM HEALTH ALLIANCE, INC. and CONTINUING EDUCATION, Columbia University

CONSUMER EDUCATION IN COMPREHENSIVE HEALTH PLANNING

Outline for Course I: COMMUNICATIONS - Improving communications between Individuals and Agencies

Communications Committee:

Ms. Olivia Braxton
Bureau of Tuberculosis Control

Mr. Freddie Brown
Neighborhood Board #3

Mr. Wilton Clark
Harlem Teams for Self Help

Mr. Ralph Fingerle
Hospital for Joint Diseases

Ms. Gwendolyn Jones
Harlem Teams for Self Help, Acting Chairperson

Mr. Joseph Price
Stress Comprehensive Housing Service

Ms. Esther Schulman
Manhattanville Health Center

Mr. Anthony C. Scott
Health and Drug Education Program
District 10, Acting Chairperson

Course Coordinator: Mr. Anthony Scott -- For Continuing Education: Ms. Noreen Clark
Ms. Marcia Pinkett

October 24, 1972 (Tuesday)

Welcome and Introductions
Mr. Marshall England, Chairperson, Harlem Health Alliance, Inc.

Objectives for the Course
Dr. Bert Phillips, President, Curber Associates, Inc.

October 26, 1972 (Thursday)

Communication: How It Relates to the Health of the Community
Ms. Marjorie Mayers, Formerly: Assistant Director, Bureau of Public Health Nursing, New York City Department of Health

November 2, 1972 (Thursday)

How People Work in Groups
Ms. Alfreda Bludson, Director, Harlem Narcotics Project

November 9, 1972 (Thursday)

Levels of Communication: Improving Speaking and Listening Skills
Ms. Pearl Crumidy, Consultant, Public Health Social Work, New York City Department of Health

November 14, 1972 (Tuesday)

Improving Written Communication
Ms. Betty Logan, Newsday Magazine, New York City

November 16, 1972 (Thursday)

Developing Leadership Skills
Dr. Bert Phillips

November 21, 1972 (Tuesday)

Developing Leadership Skills
Dr. Bert Phillips

November 28, 1972 (Tuesday)

Developing Leadership Skills
Dr. Bert Phillips

December 5, 1972 (Tuesday)	Understanding the Psychology of Communication Ms. Joan Goldstein, Associate Director, Community Health Institute, Inc.
December 12, 1972 (Tuesday)	Problem Solving and Decision Making Dr. Bert Phillips
December 19, 1972 (Tuesday)	Problem Solving and Decision Making Dr. Bert Phillips
January 9, 1973 (Tuesday)	Effective Ways of Getting Information to the Community
January 16, 1973 (Tuesday)	The Role of Media in Promoting Community Health Ms. Melba Toliver, Mr. Gil Nobel, Ms. Florence Rice, Ms. Alma John
January 23, 1973 (Tuesday)	Who Speaks for the Community? Mr. Marshall England, Mr. Victor Solomon, Director of CORE, Mr. Cenie J. Williams, President, National Association of Black Social Workers
January 30, 1973 (Tuesday)	Course Summary and Evaluation: Mr. Marshall England, Ms. Gwendolyn Jones, Mr. Anthony Scott
February 6, 1973 (Tuesday)	Wrap-Up and Evaluation

HARLEM HEALTH ALLIANCE, INC. and CONTINUING EDUCATION, Columbia University

CONSUMER EDUCATION IN COMPREHENSIVE HEALTH PLANNING

Outline for Course 2: ADMINISTRATION - A vehicle for maximizing the consumers participation in decisions that effect the health of the community.

Administration Committee:

Ms. Alfreda Bludson
Harlem Narcotics Project

Mr. James Butler
HHC, Dept. of Rehabilitation

Ms. Felicita Clare
Rehabilitation Medicine, Harlem Hospital

Mr. Charles Cole
% 2289 Fifth Avenue

Mr. Marshall England
LABOR, Bronx, N.Y.

Mr. George Goodman
HANA

Dr. Arthur Williams
Harlem Hospital Center

Course Coordinator: Ms. Alfreda Bludson -- For Continuing Education: Ms. Marcia Pinkett

November 30, 1972 (Thursday)

Welcome and Introductions

Mr. George Goodman, Executive Director
Harlem Neighborhood Assn.

December 7, 1972 (Thursday)

Administration: What Is It?

Lowell Bellin, M.D., M.P.H., Director, Division
of Health Administration, Columbia University
School of Public Health

December 14, 1972 (Thursday)

How to Organize Services for Quality Care

Ms. Mary Robinson, Director, Community Health Inc.

December 21, 1972 (Thursday)

Administrative Decision Making

Mr. Carl Flemister, Assoc. Exec. Director
Planned Parenthood of NYC, Inc.

December 28, 1972 (Thursday)

How Administrators See Health Service Delivery

Arthur Williams, DDS, Department of Oral Surgery,
Harlem Hospital Center

January 4, 1973 (Thursday)

Setting Goals and Establishing Priorities

Mr. Haynes Rice, Acting Director, Harlem Hospital
Center

January 11, 1973 (Thursday)

How is Authority Delegated?

Ms. Alfreda Bludson, Director, Harlem Narcotic
Project

January 18, 1973 (Thursday)

Coordination as a Function of Administration

Mr. Nathaniel Wesley, N.Y.C. Health and
Hospital Corporation

January 25, 1973 (Thursday)

What is the Planning Process?

Mr. Robert Wallace, Vice President, Dept. of
Community Relations, N.Y.C. Health and Hospital
Corporation

February 1, 1973 (Thursday)	Community Influence, The Role of Advisory Boards Mr. Marshall England, Chairperson, Harlem Health Alliance, Inc.
	Ms. Gwendolyn Jones, Chairperson, Harlem Teams for Self Help
February 8, 1973 (Thursday)	Systems Approach to Community Problems Mr. Clarence Teng, Assistant Professor, Health Administration, School of Public Health, Columbia University
February 15, 1973 (Thursday)	What is Comprehensive Health Planning? Dr. Benjamin Watkins, National Advisory Council
February 22, 1973 (Thursday)	How Do the City-wide and State-wide Planning Efforts Effect Us Locally? Dr. Lloyd Novick, Assistant Professor, Health Administration, School of Public Health, Columbia University
March 1, 1973 (Thursday)	Status of Comprehensive Health Planning in Central Harlem Mr. Marshall England Ms. Katherine Nicholson, Executive Board, Harlem Health Alliance, Inc.
March 8, 1973 (Thursday)	A Plan of Action for Central Harlem Mr. Marshall England Dr. Lloyd Novick
March 15, 1973 (Thursday)	Wrap-Up and Evaluation

HARLEM HEALTH ALLIANCE, INC. and CONTINUING EDUCATION, Columbia University

CONSUMER EDUCATION IN COMPREHENSIVE HEALTH PLANNING

Outline for Course 3: ECONOMICS AND POLITICS OF HEALTH-- This course is designed to provide
1) insight into the political aspects
of health financing and organiza-
tion, 2) skills in proposal writing.

Course Committee:

Ms. Joan Goldstein
Community Health Institute

Ms. Marilyn Kohler
Visiting Nurse Service

Ms. Katherine Nicholson
Patient Advisory Council
Harlem Hospital

Mr. John Payne
Department of Psychiatry, Harlem Hospital

Mr. Reggie Thompson

Course Coordinator: Mr. John Payne

For Continuing Education:
Ms. Marcia L. Pinkett

February 13, 1973 (Tuesday)

Welcome and Introductions
Mr. John Payne, Course Coordinator

Identification of Health Issues
Ms. Anita Altman, Health Services Administration

Dr. David Kotelchuck
Health Policy Advisory Center

February 20, 1973 (Tuesday)

The Review and Comment Process
Mr. Carlos Cuevas, Comprehensive Health Planning
(B Agency)

Ms. Pauline Miles, Associate Executive Secretary
New York State Health Planning Commission

Mr. Howard Moses
Health and Hospital Planning Council of Southern N.Y., Inc.

February 27, 1973 (Tuesday)

New Types of Health Delivery Systems
Mr. Al Schwarz, Assistant Commissioner, New York
City Department of Health

Mr. Victor Solomon, Director, National Office of CORE

March 6, 1973 (Tuesday)

Funding: Federal and Foundations
Mr. Hod Gray, van Ameringen Foundation

Mr. Phillip B. Hallen, President, Maurice Falk Medical
Fund

March 13, 1973 (Tuesday)	Mr. Rees Jones, Public Health Advisor, Department of Health, Education and Welfare, HSMHA Region II Revenue Sharing: What Is It? What Impact Will It Have on Health Program for Harlem?
March 20, 1973 (Tuesday)	Mr. Francis Lindaman, Director, Continuing Education, Columbia University School of Public Health An Overview of Health Planning in New York City. What's In Store for Harlem? Ms. Ruth Atkins, Health Planner, CHP District 10 Mr. Bertram J. Black, Director, Comprehensive Health Planning Agency
March 22, 1973 (Thursday)	Dr. Geraldine Brown, Health Planner, Harlem Hospital Governmental Response to Health Planning. What Can Local Legislators Do to Implement Federal Guidelines?
March 27, 29, April 3, 5, 10, 12, 17, 1973 (Tuesdays and Thursdays)	Proposal Writing Coordinator: Ms. Noreen Clark, Research Officer, World Education, Inc. Ms. Alfreda Bludson Harlem Narcotic Project Mr. Jay Coleman, Director of Mental Health Projects New York City Department of Mental Health and Mental Retardation Services Ms. Anne Cunynghame, Director of Manpower and Training, New York City Department of Mental Health and Mental Retardation Services Ms. Judith Denton, Research Associate, Urban Research Group, City University of New York Ms. Joan Goldstein Community Health Institute
April 19, 1973 (Thursday)	Group Reports
April 24, 1973 (Tuesday)	Wrap-Up and Presentation of Certificates